

UNITED STATES BANKRUPTCY COURT

Middle District of Pennsylvania

In re Andrew L. & Shirley L. Coleman
Debtor

Case No. 4:15-04464-JJT

Small Business Case under Chapter 11

SMALL BUSINESS MONTHLY OPERATING REPORT

Month: JUNE

Date filed: _____

Line of Business: _____

NAISC Code: _____

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY:

Shirley L. Coleman
Original Signature of Responsible Party

Shirley L. Coleman
Printed Name of Responsible Party

Questionnaire: (All questions to be answered on behalf of the debtor.)

	Yes	No
1. IS THE BUSINESS STILL OPERATING?	<input type="checkbox"/>	<input type="checkbox"/>
2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. DID YOU PAY YOUR EMPLOYEES ON TIME?	<input type="checkbox"/>	<input type="checkbox"/>
4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH?	<input type="checkbox"/>	<input type="checkbox"/>
5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH?	<input type="checkbox"/>	<input type="checkbox"/>
6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS?	<input type="checkbox"/>	<input type="checkbox"/>
7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?	<input type="checkbox"/>	<input type="checkbox"/>
9. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUSTEE?	<input type="checkbox"/>	<input type="checkbox"/>
10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH?	<input type="checkbox"/>	<input type="checkbox"/>
11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?	<input type="checkbox"/>	<input type="checkbox"/>
12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY?	<input type="checkbox"/>	<input type="checkbox"/>
13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?	<input type="checkbox"/>	<input type="checkbox"/>

B 25C (Official Form 25C) (12/08)

14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH? ☐ ☐
15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH? ☐ ☐
16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH? ☐ ☒
17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH? ☐ ☐
18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY? ☐ ☐

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS? ☐ ☐

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

(Exhibit A)

INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS.

TOTAL INCOME \$ 2406.83**SUMMARY OF CASH ON HAND**

Cash on Hand at Start of Month

\$ 4563.83

Cash on Hand at End of Month

\$ 3785.64PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU TOTAL \$ 778.19

(Exhibit B)

EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT.

TOTAL EXPENSES \$ 3176.33

(Exhibit C)

CASH PROFIT

INCOME FOR THE MONTH (TOTAL FROM EXHIBIT B)

\$ 2406.83

EXPENSES FOR THE MONTH (TOTAL FROM EXHIBIT C)

\$ 3176.33

(Subtract Line C from Line B)

CASH PROFIT FOR THE MONTH

\$ 778.19

NOTE: Cash on Hand at Start of Month + Cash Profit For The Month should equal Cash on Hand at End of Month.

B 25C (Official Form 25C) (12/08)

UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE.

TOTAL PAYABLES \$ _____

(Exhibit D)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE.

TOTAL RECEIVABLES \$ _____

(Exhibit E)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

(Exhibit F)

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED? _____

NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT? _____

PROFESSIONAL FEES**BANKRUPTCY RELATED:**

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$ _____

TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$ _____

NON-BANKRUPTCY RELATED:

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$ _____

TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$ _____

MONTHLY EXPENSES: (not deducted from wages) Do not include monthly payments on debts that you will not be repaying after filing bankruptcy.

Rent or Mortgage payment (s)	\$	_____
Real Estate Taxes		_____
Electric	\$	53.83
Gas	\$	62.01
Telephone <u>TRIPLE play</u>	\$	106.98
Heat		_____
Water	\$	33.53
Sewer	\$	48.00
Garbage <u>Members 1st</u>		_____
		<u>\$300.00</u>
		<u>Dept. Trans \$30.50</u>
		<u>BICKIES \$103.85</u>
		<u>Lowes \$21.14</u>
Oth. <u>Church</u>		_____
		<u>\$75.00</u>
<u>Birthday</u>		<u>\$50.00</u>
<u>DIST. MAG</u>		<u>\$139.00</u>
<u>STATE Farm Homeowners</u>		<u>\$557.00</u>
	\$	2277.18
<u>Comm Bank</u>		_____
		<u>\$135.00</u>
<u>Colonial Flower</u>		<u>\$10.60</u>
<u>Lifetime Benefits</u>		<u>\$528.48</u>
<u>STATE Farm AUTO</u>		<u>\$326.61</u>
Home Maintenance (repair/upkeep)		_____
Taxes (not deducted from wages/ not included in home loan payment/ not included in real estate taxes)		_____
Alimony, maintenance or support payments		_____
Person supported		_____
Transportation (not including auto payments)		_____
Education (tuition, school books)		_____
Food	\$	324.37
Clothing	\$	105.70
Medical, Dental, Medicines	\$	17.29
Laundry & Dry-cleaning		_____
Newspapers, Periodicals, and Books	\$	78.24
Recreation, Clubs, Entertainment	\$	69.20

PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

	Projected	Actual	Difference
INCOME	\$ <u>2406.83</u>	\$ <u>2406.83</u>	\$ <u>—</u>
EXPENSES	\$ <u>3176.33</u>	\$ <u>3176.33</u>	\$ <u>—</u>
CASH PROFIT	\$ <u>-769.50</u>	\$ <u>leftover 778.19</u>	\$ <u>—</u>

TOTAL PROJECTED INCOME FOR THE NEXT MONTH:

\$ 2406.83

TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH:

\$ —

TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH:

\$ —

ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.

B 25C (Official Form 25C) (12/08)

PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

	Projected	Actual	Difference
INCOME	\$ _____	\$ _____	\$ _____
EXPENSES	\$ _____	\$ _____	\$ _____
CASH PROFIT	\$ _____	\$ _____	\$ _____

TOTAL PROJECTED INCOME FOR THE NEXT MONTH:

\$ _____

TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH:

\$ _____

TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH:

\$ _____

ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.



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ACCOUNT NUMBER
63241

SHIRLEY L COLEMAN
 1429 STATE STREET
 OSCEOLA MILLS PA 16666

FROM	THROUGH
06/01/17	06/30/17

PAGE
1

DATE	DESCRIPTION	AMOUNT	BALANCE
06/01	ID 01 REGULAR SHARE Balance Forward		5.00
06/30	Ending Balance		5.00

06/01	ID 73 FREEDOM CHECKING Balance Forward		4692.59
06/01	Draft 001493 Tracer 0022477993	-53.76	4638.83
	Processed Check - Penelec		
	TYPE: CHECK PYMT ID: 0934196821		
06/01	Withdrawal POS #715200942686	-55.73	4583.10
	PEEBLES #5162 1061 N FRONT ST PHILIPSBURG PA		
06/01	Card 6624		
06/01	Withdrawal POS #715219743874	-20.95	4562.15
	DOLLAR GENERAL # SE SIDE OSCEOLA MILLS PA		
06/01	Card 6624		
06/01	Withdrawal POS #715221263840	-12.74	4549.41
	PHILIPSBURG HOMETO PHILIPSBURG PA		
06/02	Card 6624		
06/02	Draft 001496 Tracer 10380018	-50.00	4499.41
06/04	Withdrawal POS #715513256479	-32.96	4466.45
	WEIS MARKETS 118 PHILIPSBURG PA		
06/04	Card 6624		
06/04	Withdrawal POS #715518772974	-17.02	4449.43
	PHILIPSBURG HOMETO PHILIPSBURG PA		
06/05	Card 6624		
06/05	Withdrawal POS #715623712131	-36.84	4412.59
	PHILIPSBURG HOMETO PHILIPSBURG PA		
06/08	Card 6624		
06/08	Withdrawal POS #715921501518	-25.81	4386.78
	DOLLAR GENERAL # SE SIDE OSCEOLA MILLS PA		
06/14	Card 6624		
06/14	Withdrawal POS #716581156816	-51.33	4335.45
	Wal-Mart Super Center 2129 WAL-SAMS CLEARFIELD PA		
06/14	Card 6624		
06/14	Withdrawal POS #716600249470	-10.48	4324.97
	PHILIPSBURG HOMETO PHILIPSBURG PA		
	--- Continued on following page ---		

REGULAR SHARE ACCOUNTS ARE NOT TRANSFERABLE EXCEPT ON THE RECORDS OF THIS CREDIT UNION. SEE RECONCILIATION FOR IMPORTANT INFORMATION REGARDING YOUR RIGHTS TO DISPUTE BILLING ERRORS AND ELECTRONIC FUND TRANSFER ERRORS.



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ACCOUNT NUMBER
63241

SHIRLEY L COLEMAN
1429 STATE STREET
OSCEOLA MILLS PA 16666

FROM	THROUGH
06/01/17	06/30/17

PAGE
2

DATE	DESCRIPTION	AMOUNT	BALANCE
06/15	Card 6624		
06/15	Draft 001241 Tracer 10350368	-106.98	4217.99
06/15	Draft 001500 Tracer 10200138	-50.00	4167.99
06/15	Withdrawal POS #716600582936	-49.97	4118.02
	PEEBLES #5162 1061 N FRONT ST PHILIPSBURG PA		
06/18	Card 6624		
06/18	Withdrawal POS #716916015349	-55.63	4062.39
	WEIS MARKETS 118 PHILIPSBURG PA		
06/18	Card 6624		
06/18	Withdrawal POS #716920793244	-8.71	4053.68
	PHILIPSBURG HOMETO PHILIPSBURG PA		
06/20	Card 6624		
06/20	Draft 001244 Tracer 21600280	-20.00	4033.68
06/20	Draft 001498 Tracer 21600288	-25.00	4008.68
06/20	Draft 001499 Tracer 21600278	-10.00	3998.68
06/20	Withdrawal POS #717122601859	-18.25	3980.43
	DOLLAR GENERAL # SE SIDE OSCEOLA MILLS PA		
06/21	Card 6624		
06/21	Deposit ACH XXSOC SEC	930.00	4910.43
	ID: 9031736013 CO: XXSOC SEC		
06/22	Draft 001242 Tracer 20250412	-17.29	4893.14
06/23	Draft 001248 Tracer 20230046	-135.00	4758.14
06/25	Withdrawal POS #717613810387	-68.52	4689.62
	WEIS MARKETS 118 PHILIPSBURG PA		
06/25	Card 6624		
06/25	Withdrawal POS #717617746588	-23.88	4665.74
	DOLLAR GENERAL # 18 NORTH PHILLIPSBURG PA		
06/26	Card 6624		
06/26	Draft 001247 Tracer 0027598201	-326.61	4339.13
	Processed Check - STATE FARM RO 27		
	TYPE: PYMT ID: 9000307003		
06/26	Draft 001245 Tracer 0027598200	-557.00	3782.13
	Processed Check - STATE FARM RO 27		
	TYPE: PYMT ID: 9000307003		
06/26	Draft 001243 Tracer 20720304	-139.00	3643.13
06/26	Draft 001246 Tracer 14270264	-48.00	3595.13
06/26	Draft 001249 Tracer 19780026	-62.01	3533.12
06/27	Draft 001254 Tracer 0024059106	-53.83	3479.29
	Processed Check - Penelec		
	TYPE: CHECK PYMT ID: 0934196821		
06/27	Draft 001250 Tracer 20780524	-10.60	3468.69
06/27	Draft 001253 Tracer 19930502	-300.00	3168.69
06/27	Draft 001255 Tracer 21650414	-10.00	3158.69
06/27	Withdrawal POS #717822563748	-10.30	3148.39
	DOLLAR GENERAL # SE SIDE OSCEOLA MILLS PA		
06/27	Card 6624		
06/27	Withdrawal POS #717818884623	-42.88	3105.51
	WEIS MARKETS 118 PHILIPSBURG PA		
06/28	Card 6624		
06/28	Draft 001251 Tracer 14470040	-528.48	2577.03
06/28	Draft 001252 Tracer 13120312	-33.53	2543.50
06/29	Draft 001256 Tracer 10200222	-30.50	2513.00
06/30	Deposit ACH COMM OF PA	1476.83	3989.83
	TYPE: ANNUITANT ID: PA TR DPT		
	CO: COMM OF PA		
06/30	Withdrawal Debit Card Debit Card	-103.85	3885.98
	06/29 24019517181189100669203 BICKELS SURPLUS ALTOONA PA		
	--- Continued on following page ---		

REGULAR SHARE ACCOUNTS ARE NOT TRANSFERABLE EXCEPT ON THE RECORDS OF THIS CREDIT UNION. SEE RECONCILIATION FOR IMPORTANT INFORMATION REGARDING YOUR RIGHTS TO DISPUTE BILLING ERRORS AND ELECTRONIC FUND TRANSFER ERRORS.



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SHIRLEY L COLEMAN
1429 STATE STREET
OSCEOLA MILLS PA 16666

FROM	THROUGH
06/01/17	06/30/17

PAGE
3

DATE	DESCRIPTION	AMOUNT	BALANCE				
06/30	Card 6624 Withdrawal POS #718119754659 LOWE'S #2355 STATE COLLEGE PA Card 6624	-21.14	3864.84				
06/30	Ending Balance Dividends Paid Year to Date	0.00	3864.84				
Number	Amount	Number	Amount	Number	Amount	Number	Amount
001241	106.98	001247	326.61	001253	300.00	001498*	25.00
001242	17.29	001248	135.00	001254	53.83	001499	10.00
001243	139.00	001249	62.01	001255	10.00	001500	50.00
001244	20.00	001250	10.60	001256	30.50		
001245	557.00	001251	528.48	001493*	53.76		
001246	48.00	001252	33.53	001496*	50.00		
* Asterisk next to number indicates skip in number sequence							

Total Current Year IRA Contributions						0.00	
Total Dividends Paid Year to Date						107.51	
Total Nontax Dividends Year to Date						247.68	

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REGULAR SHARE ACCOUNTS ARE NOT TRANSFERABLE EXCEPT ON THE RECORDS OF THIS CREDIT UNION. SEE RECONCILIATION FOR IMPORTANT INFORMATION
REGARDING YOUR RIGHTS TO DISPUTE BILLING ERRORS AND ELECTRONIC FUND TRANSFER ERRORS.

UNITED STATES BANKRUPTCY COURT

Middle District of Pennsylvania

In re: Andrew L. & Shirley L. Coleman

Debtor

Case No. 4:15-bk-04464-JJT

Small Business Case under Chapter 11

SMALL BUSINESS MONTHLY OPERATING REPORT

Month: JUNE 2017 — SEMI
 Line of Business: CONSTRUCTION RETIRED

Date Filed: _____

NANC Code: _____

IN ACCORDANCE WITH TITLE 28, SECTION 1706 OF THE UNITED STATES CODE, I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY

Andy Coleman
 Original Signature of Responsible Party

Andrew L. Coleman

Printed Name of Responsible Party

Questions (All questions to be completed on behalf of the debtor)

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1. IS THE BUSINESS STILL OPERATING? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. DID YOU PAY YOUR EMPLOYEES ON TIME? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DBP ACCOUNT THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. ARE YOU CURRENT ON YOUR QUARTERLY PAYMENT TO THE U.S. TRUSTEE? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNPAID EXPENSES THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THEM IN ANY WAY? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DBP ACCOUNT? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH?
15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH?
16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH?
17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH?
18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-RETURN TAX OBLIGATIONS?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

IF YES, PLEASE EXPLAIN THE SITUATION AND INDICATE WHEN SUCH RETURNS WILL BE FILED OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

(b)(1)(2)(4)

INCOME

PLEASE LIST ALL OF THE INCOME RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS.

TOTAL INCOME \$ 7210.00

SUMMARY OF CASH ON HAND

Cash on Hand at Start of Month

\$ 6154.29

Cash on Hand at End of Month

\$ 10107.64

PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU TOTAL \$ 10107.64

(b)(1)(2)(5)

EXPENSES

PLEASE LIST ALL OF THE EXPENSES PAID FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT.

TOTAL EXPENSES \$ 3256.6

(b)(1)(2)(6)

CASH PROFIT

INCOME FOR THE MONTH (TOTAL FROM EXHIBIT B)

\$ 7210.00

EXPENSES FOR THE MONTH (TOTAL FROM EXHIBIT C)

\$ 3256.6

(Subtract Line C from Line B)

CASH PROFIT FOR THE MONTH

\$ 3953.35

NOTE: Cash on Hand at Start of Month + Cash Profit For The Month should equal Cash on Hand at End of Month.

UNPAID BILLS

PLEASE ATTACH A COPY OF EACH UNPAID BILL TO THIS REPORT. THE LAST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE.

TOTAL PAYABLES \$ _____

(Exhibit D)

MONEY OWED TO YOU

PLEASE ATTACH A COPY OF EACH BILL OWED TO YOU FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE.

TOTAL RECEIVABLES \$ _____

(Exhibit E)

BANKING INFORMATION

PLEASE ATTACH A COPY OF EACH BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

(Exhibit F)

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED?

NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT?

2
0

PROFESSIONAL FEES**BANKRUPTCY RELATED:**

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?

TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?

\$ 0

NON-BANKRUPTCY RELATED:

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?

TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?

\$ 0

\$ 0

\$ 0



Phone number:
1-800-492-3221
Website:
www.CNBBank.bank

Customer Statement

Pg 1 of 3

P.O. Box 42, Clearfield, PA 16830
Return Service Requested

Account Number: 1306667776
Statement Date: Jun 01, 2017 thru Jun 30, 2017

Summary - All Accounts

Product	Account #	Ending Balance
Positively Free Checking	1306667776	\$10,107.64

039008



ANDREW L COLEMAN
PO BOX 222
OSCEOLA MILLS PA 16666-0222

Positively Free Checking - 1306667776

Date	Transaction Description	Withdrawal	Deposit	Balance
	BEGINNING BALANCE			\$6,154.29
Jun 01	1029 Electronic Check OUTDOOR - NEWS INC CHECKPYMNT	-24.00		6,130.29
Jun 01	1032 Check	-33.99		6,096.30
Jun 02	Deposit		1,650.00	7,746.30
Jun 06	1033 Check	-663.03		7,083.27
Jun 09	Deposit		2,194.00	9,277.27
Jun 09	1035 Check	-81.80		9,195.47
Jun 13	1036 Check	-142.50		9,052.97
Jun 14	External Deposit US TREAS 310 - XXSOC SEC		1,117.00	10,169.97
Jun 16	1034 Check	-39.30		10,130.67
Jun 20	1039 Check	-150.00		9,980.67
Jun 21	1038 Check	-750.00		9,230.67
Jun 26	1040 Electronic Check Penelec 0934196821 041204975 CHECK PYMT	-90.71		9,139.96
Jun 27	1037 Check	-649.25		8,490.71
Jun 29	1043 Electronic Check ERIE - INSURANCE 1256038677	-360.00		8,130.71
Jun 29	1042 Check	-40.52		8,090.19
Jun 30	1041 Electronic Check CABELAS - VISA 8008508402 66740 PAYMENTS	-231.55		7,858.64
Jun 30	Deposit		2,249.00	10,107.64
	ENDING BALANCE			\$10,107.64

Your financial security is important to us.

Fraud detection monitoring controls on your CNB debit card are set to recognize out-of-state transactions that are uncommon. To ensure these security settings won't disable your check card from making purchases while you're out of town, let us know your travel plans before you go! It's easy to do directly from your mobile device through CNB's mobile banking app, goMobile!

- SUBMIT TRAVEL PLANS:**
- Under Mobile Services, notify the bank of your upcoming travel plans to ensure security settings won't disable your card while you're away.

DEACTIVATE TURN YOUR DEBIT CARD ON OR OFF:

- Manage your debit card availability by deactivating your debit card within Mobile Services when you misplace it to prevent fraudulent activity. Reactive it when you find it with the click of a button!

FRAUD ALERTS:

- Should your card be disabled, make sure we can reach you by making your cell phone number your primary contact number. Within Mobile Services, click on My Profile and Update Phone Number.

These features are also available on your desktop with Personal eBanking.

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Mobile

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Member FDIC

02NOBA_BK_266CN0001_M022



Account Number:

1306667776

Statement Date:

Jun 01, 2017 thru Jun 30, 2017

Positively Free Checking - 1306667776 (Continued)

ANDREW L COLEMAN

Check Summary

Check No.	Date	Amount	Check No.	Date	Amount	Check No.	Date	Amount
1029e	Jun 01 <input type="checkbox"/>	24.00	1036	Jun 13 <input type="checkbox"/>	142.50	1040e	Jun 26 <input type="checkbox"/>	90.71
1032*	Jun 01 <input type="checkbox"/>	33.99	1037	Jun 27 <input type="checkbox"/>	649.25	1041e	Jun 30 <input type="checkbox"/>	231.55
1033	Jun 06 <input type="checkbox"/>	663.03	1038	Jun 21 <input type="checkbox"/>	750.00	1042	Jun 29 <input type="checkbox"/>	40.52
1034	Jun 16 <input type="checkbox"/>	39.30	1039	Jun 20 <input type="checkbox"/>	150.00	1043e	Jun 29 <input type="checkbox"/>	360.00
1035	Jun 09 <input type="checkbox"/>	81.80						

Number of Checks: 13 * Indicates a skip in sequence e Indicates an electronic check

Balance Summary

Date	Balance	Date	Balance	Date	Balance	Date	Balance
Jun 01	6,096.30	Jun 13	9,052.97	Jun 20	9,980.67	Jun 27	8,490.71
Jun 02	7,746.30	Jun 14	10,169.97	Jun 21	9,230.67	Jun 29	8,090.19
Jun 06	7,083.27	Jun 16	10,130.67	Jun 26	9,139.96	Jun 30	10,107.64
Jun 09	9,195.47						

Overdraft/Returned Item Fees

Fee Type	Total For This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Account Summary

Previous Date	Beginning Balance	Deposits	Interest Paid	Withdrawals	Fees	Ending Balance
Jun 01, 2017	6,154.29	7,210.00	0.00	3,256.65	0.00	10,107.64